

**CONTRACT NUMBER- SVC-08-059**

YEAR \_\_\_\_\_  
QUARTER \_\_\_\_\_

| CATEGORY OF SERVICES | A | B | C |
|----------------------|---|---|---|
|----------------------|---|---|---|

Describe a summary of all recruitment activities checked: (add to the suggested list)

[illegible]

|  |                          |                                   |
|--|--------------------------|-----------------------------------|
| <b>III. Home Studies Completed – Attachment D1</b>                               |                          | <b>Date</b>                       |
| Number Completed and Approved during the quarter                                 |                          |                                   |
| Number of Home Studies Updated   |                          |                                   |
| Number of AREVA family registrations during the quarter                          |                          |                                   |
| Number of families trained   |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
| <b>IV. Pre-placement Services, i.e. match retreats, pre-visits, etc.</b>         | <b>TOTAL<br/>Quarter</b> | <b>TOTAL<br/>Year To<br/>Date</b> |
| Number of Families Receiving Services  |                          |                                   |
|  |                          |                                   |
| Number of Children Receiving Services  |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
| <b>V. Placement Services – Attachment D2</b>                                     | <b>TOTAL<br/>Quarter</b> | <b>TOTAL<br/>Year To<br/>Date</b> |
| Number of Families Receiving Placement Services                                  |                          |                                   |
| <b>Children Placed</b>   |                          |                                   |
| Number of Children – Age 9 and older   |                          |                                   |
| Number of Children – Under 9 years old   |                          |                                   |
| <b>Final Orders</b>  |                          |                                   |
| Number of Children with Final Order  |                          |                                   |
| Number of Children – Age 9 and older   |                          |                                   |
| Number of Children – Under 9 years old   |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
| <b>VI. Post Legal Services</b>   | <b>TOTAL<br/>Quarter</b> | <b>TOTAL<br/>Year To<br/>Date</b> |
| Number of Families Receiving Services  |                          |                                   |
| What Kind of Services Offered?   |                          |                                   |
|  |                          |                                   |
| Number of Children – Age 9 and older   |                          |                                   |
| Number of Children – Under 9 years old   |                          |                                   |
|  |                          |                                   |
|  |                          |                                   |
| <b>VII. Intercountry Adoption</b>  |                          |                                   |
| How many children are you provides services as a result of adoption dissolution? |                          |                                   |
| From what country was the child adopted?   |                          |                                   |
| Who was the placing agency?  |                          |                                   |
| What services are being provided?  |                          |                                   |
| What was the reason for the dissolution?   |                          |                                   |
| What is the plan for the child?  |                          |                                   |
|  |                          |                                   |
| How many children are you provides services as a result of adoption disruption?  |                          |                                   |

|  |
|--|
| From what country was the child adopted? |
| Who was the placing agency?              |
| What services are being provided?        |
| What was the reason for the disruption?  |
| What is the plan for the child?          |
|  |

| VIII. Services Count                 |  | TOTAL<br>Quarter | TOTAL<br>Year To<br>Date |
|--------------------------------------|--|------------------|--------------------------|
| How many families receiving services |  |                  |                          |
| How many children receiving services |  |                  |                          |

| IX. Collaboration  |  |
|--|--|
| List the agencies with whom you have collaborated this quarter |  |
|  |  |
|  |  |
|  |  |
| Describe collaboration activities                              |  |